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MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

Ungela Marie Smith

Board of Education City of Chicago

08CV3405 JUDGE ZAGEL MAG. JUDGE NOLAN

		<u> </u>				
		ncluded, please place an X into whichen than the space that is provided, attact				
		n inan ine space inal is providea, altaci ti o nal infarmation. "Please PRINI":	i one or more pages that r	ejer to each such questior	з питоет или	
(Anal	The Hone Smith	declare that I am the	Splaintiff petitione	er Emovant	
ther	~~~~3 3) in the above-entitled ca				
		epayment of fees, or \square in support o				
		in unable to pay the costs of these				
		petition/motion/appeal. In support				
		tions <u>under penalty of perjury</u> :	or and pennomappine	attournournappen, i	answer the	
,,,,,,,,,	mg ques	tions ander penalty or perjury.	•			
	Are vo	u currently incarcerated?	⊐Yes Òw∕ o	(If "No," go to Quest	rion 2)	
1.	I.D. #		of prison or jail:	(11 110) 80 10 911401		
	_	receive any payment from the ins		Monthly amount:		
	20,0	arecerve any payment from the min				
	Are vo	u currently employed?	⊒Yes √ No			
	Monthly salary or wages:					
		and address of employer:	10 1 Add 10 10 10 10 10 10 10 10 10 10 10 10 10			
	reame and address of employer.					
	a .	If the answer is "No":	1 0.00	سس		
	Date of last employment: No vember 30, 2005					
		Monthly salary or wages:	(0.500 a mon	th		
	Monthly salary or wages: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
			5 1000mb, 0.1 io			
		Are you married?	XVes. □No			
	b		•			
		Spouse's monthly salary or wage	s: <u>, </u>	CalaVa	Street	
		Name and address of employer:	CIR	SO LOUNE	<u>Slike i</u>	
	Apart from your income stated above in response to Question 2, in the past twelve months have you					
	or any	one else living at the same resider	nce received more that	n \$200 from any of th	e following	
	source	s? Mark an X in either "Yes" or "N	lo ", and then $\ check\ all$	hoxes that apply in eac	ch category.	
	à.	Salary or wages		□Yes	75/ No	
	A		talled the		, -	

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes)			
	c. ☐ Rent payments, ☐ interest or ☐ dividends Amount Received by	□Yes	D X			
	d. □ Pensions, □ social security, □ annuities, □ life insurance compensation, □ unemployment, □ welfare, □ alimony or ma	intenance or ☐ ☐Yes				
	AmountReceived by					
	e. ☐ Gifts or ☐ inheritances Amount Received by	□Yes	rykr.			
	f. DAny other sources (state source:) AmountReceived by	□Yes	Dyko			
4,	Do you or anyone else living at the same residence have more than savings accounts? One of the same residence have more than savings accounts? One of the same residence have more than savings accounts? Relationship to you:	\$200 in cash o. amount:				
5.	Do you or anyone else living at the same residence own any stock financial instruments? Property: Current Value: In whose name held: Relationship to you:	□Yes	τ λ χίο			
6.	Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? Yes					
	Type of property: Current value:					
	In whose name held: Relationship to you:					
	Amount of monthly mortgage or loan payments:Name of person making payments:					
7. 	Do you or anyone else living at the same residence own any automo homes or other items of personal property with a current market value Property:	biles, boats, tra	ailers, mobile			
	Current value: In whose name held: Relationship to you:	<u> </u>				
	in whose name need Relationship to you:	·	•			
8.	List the persons who are dependent on you for support, state your relating the new much you contribute monthly to their support. If none, contribute monthly to their support. If none, contribute monthly to their support.	ationship to each theck here	h person and o dependents			

SIGNATURE OF AUTHORIZED OFFICER

(Print name)

to 28 U.S.C. § 1915(e)(2)(A), the court shall dismi	formation is true and correct. I up so this case of any time if the co	
allegation of poverty is untrue.	ss this case at any time if the co	our determines mariny
Date: <u>06 12 200</u> 8	Signature of App On 19 (Print Name)	Willemit Will Smith
NOTICE TO PRISONERS: A prisoner must institutional officer or officers showing all receipts in the prisoner's prison or jail trust fund accounts. E covering a full six months before you have filed you in your own accountprepared by each institution periodand you must also have the Certificate below	s, expenditures and balances dur Because the law requires informat Ir lawsuit, you must attach a shee where you have been in custody	ring the last six months tion as to such accounts at covering transactions of during that six-month
	IFICATE applicants only)	
(To be completed by the	institution of incarceration)	
· · · · · · · · · · · · · · · · · · ·		, has the sum of
(To be completed by the	, I.D.#	
(To be completed by the cortify that the applicant named herein,	, I.D.# ame of institution)	
(To be completed by the cortify that the applicant named herein,	, I.D.# ame of institution) securities to his/her credit:	I further

rev. 30/10/2007

DATE